IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

REPAIR

OWNER OR CONTRACTOR Jimmy Reavis DATE 7/23/92 PERMIT NO. REPAIR

PHONE: Business _____ Home _____

LOCATION US 21 N, TL NC 901 W, TR KIMMON ROAD, TR AT STOP SIGN, ON (L) 3RD HOUSE S.R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House [X] Mobile Home [ ] Business [ ] Other REPAIR

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit Yes [ ] No [X]

Auto. Dishwasher Yes [X] No [ ]

Auto. Wash. Machine Yes [X] No [ ]

Lot Area AMPLE

Soil Characteristics PS

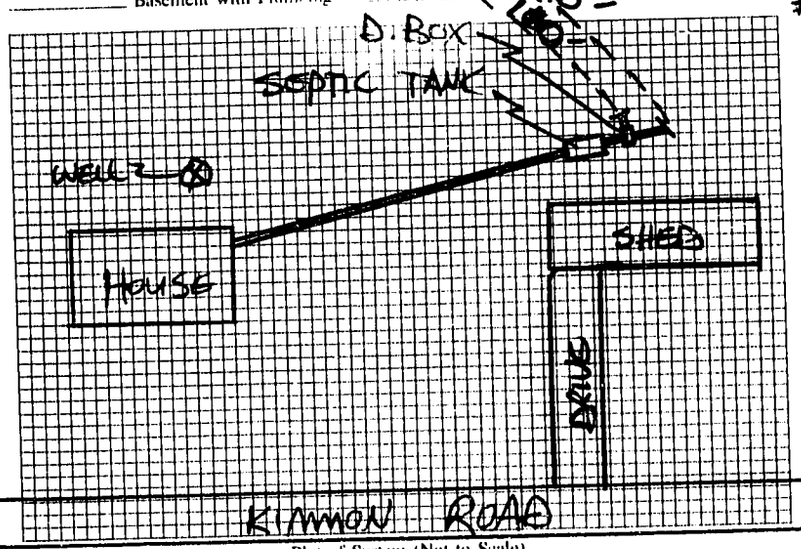
Application Rate 0.35 GRA / FT2

Topography 2-4% NOSE SLOPE

Depth to Water Table 54"

Rock or other impervious formations NONE NOTED

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement _____ Crawl Space



Plot of System (Not to Scale)

#P 5/19/92 Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 690 Linear Ft. 230

Depth of Stone in Lines 12"

Water Supply: Individual [X] WELL

Public [ ]

KEITH SPEELE

Installed by KEITH'S GROUND WORKS

I understand and agree to install a septic tank system as specified on this Improvement Permit.

Signed: _____

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY STEVE HEDRICK

COMMENTS _____

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 7/23/92

EXISTING SYSTEM CHECKED BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

Permit is VOID if any unauthorized changes are made in installation of system, and/or if any unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold